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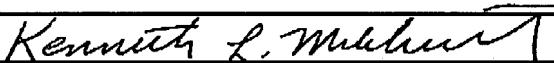
Total Number of Pages in This Submission

Application Number	10798039
Filing Date	MARCH 11, 2004
First Named Inventor	THOMSON
Art Unit	1742
Examiner Name	YEE
Attorney Docket Number	8221

10798039

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): CHANGE OF CORRESPONDENCE ADDRESS
Remarks		

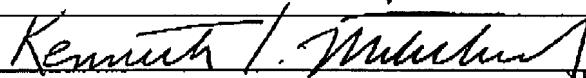
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WOODLING, KROST AND RUST (Kenneth L. MITCHELL)		
Signature			
Printed name	KENNETH L. MITCHELL		
Date	MAY 31, 2007	Reg. No.	36873

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name

KENNETH L. MITCHELL

Date MAY 31, 2007

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PTO/SB/17 (05-07)

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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete If Known	
FEE TRANSMITTAL For FY 2007		Application Number	10798039
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	MARCH 11, 2004
TOTAL AMOUNT OF PAYMENT (\$ 330.00)		First Named Inventor	THOMSON
		Examiner Name	YEE
		Art Unit	1742
		Attorney Docket No.	8221

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 23-3060 Deposit Account Name: WOODLING, KROST & RUST							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below 23-3060 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
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FEES CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES							
<u>Small Entity</u> <u>Small Entity</u> <u>Small Entity</u>							
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>					
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
<u>Fee Description</u> <u>Small Entity</u>							
Each claim over 20 (including Reissues) <u>Fee (\$)</u> <u>Fee (\$)</u>							
50 25							
Each independent claim over 3 (including Reissues) <u>Fee (\$)</u> <u>Fee (\$)</u>							
200 100							
Multiple dependent claims <u>Fee (\$)</u> <u>Fee (\$)</u>							
360 180							
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>Multiple Dependent Claims</u>							
23 - 20 or HP = 3 x 50 = 150							
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
1 - 3 or HP = 0 x 0 = 0							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) <u>Fee Paid (\$)</u>							
Other (e.g., late filing surcharge): IDS FEE <u>Fee Paid (\$)</u>							
180							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 36873	Telephone 440-256-4150
Name (Print/Type)		KENNETH L. MITCHELL	
Date MAY 30, 2004			

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